


**PERMIT APPLICATION**

Name of Applicant: <i>AMERICAN LEGION POST 35</i>		Organization (if applicable):	
Mailing Address <i>69 HIGH ST HAMPTON N.H. 03842</i>			
Contact Person: <i>JOHN BARVENIK</i>		Contact Person who will be present at Event: <i>JOHN BARVENIK</i>	
Contact Person Phone Number:		Contact Person will be present at Event Phone Number:	
Contact Person Cell Number: <i>603-918-1540</i>		Contact Person will be present at Event Cell Number: <i>603-918-1540</i>	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided:  <i>MEMORIAL DAY CEREMONY</i>			
Location of Event: <i>116 HAMPTON TOWN HALL</i>			
Date(s) of Event: <i>MAY 27, 2019</i>		Hours:	
		From: <i>10 AM</i>	End: <i>11:30 AM</i>
Estimated Attendance: <i>150</i>		Minimum No.: <i>100</i>	Maximum No.: <i>200</i>
Types of Alcohol to be served: <i>NONE</i>			

<sup>1</sup> Applicant must be reachable during the entire event at a moment's notice.

The following facilities will be available for the event:

Sanitation: <i>NA</i>	No. of Units:	Male:	Female:
Water supply from: <i>NA</i>			
Food will be served from and/or by: <i>NA</i>			
Beverages will be served from and/or by: <i>NA</i>			
Illumination after dark will be provided by <i>NA</i>			
Medical and First Aid Provided by: <i>CALL 911</i>			
Traffic Control Provided by: <i>No Hampton P.D.</i>		No. of officers:	
Parking for _____ is planned. <input type="checkbox"/> Attach plan of exact parking location and exact route to be kept open for emergency vehicles <input type="checkbox"/> Not applicable. Explain:			

Name of Promoter or Applicant: <b>AMERICAN LEGION Post 35</b>	
Mailing Address: <b>69 HIGH ST HAMPTON N.H. 0384</b>	Phone: <b>603-929-4695</b>
Email: <b>CSMJWB@COMCAST.NET</b>	Cellular Phone: <b>603-918-1540</b>
<p>I <u><b>JOHN BARVENIK</b></u>, do here by accept all responsibility for the above-described event. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. I do hereby consent to the entry, at any time, in the course of his/her duties, any official of the Town in the performance of their official duties, including but not limited to inspection. I also agree to provide surety that the Town deems necessary. Under the penalty of perjury, I do here by certify that the above is true.</p>	
Signature: 	Date: <b>3/6/19</b>
Name of Property Owner (The following MUST BE completed by the owner of the property involved):	
Mailing Address:	Phone Number:
Email:	Cell Phone Number:
<p>I _____, have thoroughly discussed the above event with the Promoter and am in agreement with him/her in all areas. I do hereby give my consent to use my property for this even. I do hereby consent to the entry, at any time, in the course of his/her duties, any town officer in the performance of his/her duties, including but not limited to inspection. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. Under the penalty of perjury I do hereby certify that the above application is true.</p>	
Signature:	Date:

**DO NOT WRITE BELOW THIS SPACE. FOR TOWN USE ONLY**

**Departmental Approvals:** Please attach any comments or special requirements to this application

Fire Chief Signature of Approval:

Date:

*[Signature]*

4/3/19

Building Inspector/Code Enforcement/Health Officer Signature of Approval:

Date:

*[Signature]*

3/27/19

Administrator of Planning & Zoning Signature of Approval:

Date:

*[Signature]*

3/27/19

Director of Public Works Signature of Approval:

Date:

*[Signature]*

4/3/19

Police Chief Signature of Approval:

Date:

*[Signature]*

4/12/19

Department comments or additional conditions:

**Applicant:** I do hereby agree to the additional requirements:

Applicant's Signature:

N/A No Additional Requirements

Date:

**PERMIT**

☐ **Denied** Reason:

Chief of Police

Date:

☒ **Approved**

Chief of Police

*[Signature]*

Date:

4/12/19

Select Board Signatures: (If Required under Ordinance amended 3/11/2014)

Date:



**THE STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF TRANSPORTATION**



**Victoria F. Sheehan**  
**Commissioner**

American Legion Post 35  
69 High Street  
Hampton, NH 03842

May 20, 2019

**William Cass, P.E.**  
**Assistant Commissioner**

To Whom It May Concern:

With reference to your recent request, please consider this a permit (19-093) for the Parade using a portion of the state highway system in the municipality of North Hampton.

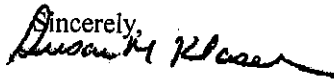
The Parade scheduled for Monday, May 27, 2019 at 10:00am will use state and town roads as shown on the attached map.

**PLEASE NOTE THAT BANNERS OVER STATE HIGHWAYS ARE PROHIBITED.**

This permit is subject to the following provisions:

1. Adequate number of uniformed police officers and traffic control devices be employed to control traffic and parking prior to, during, and following the event.
2. Provisions be made for passage of emergency vehicles should the need arise.
3. Organizers shall notify and coordinate this activity with local officials, emergency providers, and those responsible for homeland security to assure that the event does not adversely affect the safety, security, or emergency services for the events participants, spectators, other members of the community, or the traveling public.
4. Traffic on state highways shall not be delayed more than 10 (ten) minutes.
5. No markings may be applied to DOT materials within the right of way, and all materials placed within the right of way must be removed promptly.
6. Any needed porta-potties need to be staged outside of the state highway right-of-way.
7. Use of Portable Changeable Message Signs, when approved, are the responsibility of the event organizer.

Best wishes are extended for favorable weather and an enjoyable event!

Sincerely,  


Susan M. Klasen, PE  
Administrator  
For Director of Operations

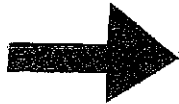
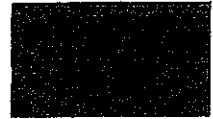
SMK:jnm  
Attach.

cc: NH State Police, Operations Bureau  
North Hampton Police Chief  
Brian Schutt, District Engineer



**The AMERICAN LEGION**  
*The Hamptons Post 35*  
*69 High Street*  
*Hampton NH 03842*

**North Hampton**  
**Town (Library) Offices**  
**(End)**



Atlantic Avenue (Rte 111)



Lafayette Road (Rte 1)

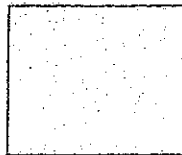
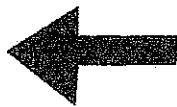
**AMERICAN LEGION**  
*Hamptons Post 35*  
**MEMORIAL DAY PARADE ROUTE**

$\frac{1}{4}$  mile North on Lafayette Road (Rte 1)

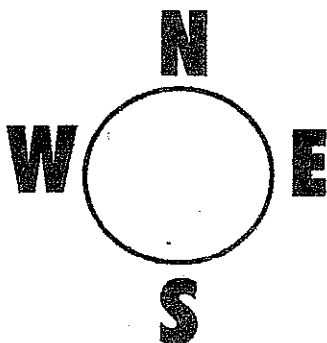
$\frac{1}{4}$  mile East on Atlantic Ave (Rte 111)

Stop at Town Hall

Total actual parade time approx 15-20 minutes.



**Citizen's Bank**  
**(Start 9:45AM)**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/05/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Tobey & Merrill Insurance 20 High Street  Hampton NH 03842-2214		<b>CONTACT NAME:</b> Edward Jackson AAI <b>PHONE (A/C, No, Ext):</b> (603) 926-7655 <b>FAX (A/C, No):</b> (603) 926-2135 <b>E-MAIL ADDRESS:</b> edward@tobeymerrill.com	
<b>INSURED</b>  American Legion Post #35 69 High St  Hampton NH 03842-2291		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Union Mutual Fire Insurance Company <b>INSURER B:</b> ARCH Insurance <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25860	

**COVERAGES****CERTIFICATE NUMBER:** CL1921406227**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BOP0145578	11/01/2018	11/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 Country-Wide Event \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors & Officers			NFP0129186-01	11/01/2018	11/01/2019	Aggregate 1,000,000 Deductible Each Claim 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Memorial Day Services on 05/27/2019

**CERTIFICATE HOLDER****CANCELLATION**TOWN OF NORTH HAMPTON  
237 ATLANTIC AVENUE

NORTH HAMPTON

NH 03862

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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